

The Effectiveness of Psychodynamic Therapy on Paranoid Thoughts, Depression, and Fear of Missing Out

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1. Round 1

1.1. Reviewer 1

Reviewer:

Clarify the sample demographics by including the average age and standard deviation for participants, along with a brief mention of their socio-economic background, if available, to provide a clearer participant profile.

When describing FoMOS, mention any cultural adaptations that were made for Iranian participants, if applicable. If no adaptations were made, discuss the potential limitations this might introduce to the study's results.

Add further details about the specific themes addressed in each therapy session. A brief outline of session goals (e.g., rapport-building, core conflict exploration) would clarify the intervention's structure for replication and validity.

Include the rationale for choosing Bonferroni correction as the post-hoc method. Explain briefly why this method was preferred over others, such as Tukey's or Scheffe's, to support the robustness of the statistical approach.

When discussing improvements in FoMO, integrate findings from studies linking psychodynamic therapy and social anxiety interventions, as FoMO-related anxieties are typically intertwined with social anxiety. This would strengthen the rationale for the observed effects.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The statement, "psychodynamic therapy is highly effective for treating a variety of mental health concerns," could benefit from including recent meta-analyses or systematic reviews (published within the last three years) to strengthen the claim with contemporary evidence.

Specify the theoretical basis for choosing psychodynamic therapy over other therapies like CBT. Including a comparative rationale would clarify why this approach might be uniquely suited to address paranoia and FoMO in the given population.

The citation of Leichsenring et al. 2021 could benefit from elaboration on what specific psychodynamic techniques were deemed effective, such as transference or working with defense mechanisms, to contextualize their relevance in the current study.

Provide additional psychometric details, such as internal consistency and test-retest reliability of the Paranoid Thoughts Scale (PTS), especially for studies conducted within similar cultural or demographic groups.

To enhance clarity, consider a more explicit labeling of time points (e.g., "T1: Baseline," "T2: Post-intervention," "T3: Follow-up") directly in the table. This would improve readability and reduce ambiguity for readers interpreting the data.

The effect size for Time*Group interaction is relatively low for all variables. Discuss potential reasons for these low effect sizes and implications for the generalizability of the study's findings.

In the sentence "Bonferroni post-hoc tests further indicated that these reductions were sustained over time," provide specific numerical changes in scores to quantify the degree of improvement and contextualize the therapeutic impact.

The discussion mentions "long-term emotional resilience," yet the follow-up period was only five months. Clarify this in the discussion or consider rephrasing as "moderate-term" to accurately reflect the study's design limitations.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor's decision: Accepted.

Editor in Chief's decision: Accepted.